

**COPPER MOUNTAIN COLLEGE
EOPS PROGRESS REPORT**

**INSTRUCTORS:
PLEASE RETURN THIS
COMPLETED FORM
TO THE STUDENT.**

STUDENT'S NAME _____ STUDENT'S ID # _____

INSTRUCTOR: _____ SUBJECT _____ DATE: _____

To Instructors: Please assist us by marking the applicable boxes. Please make any additional comments regarding student concerns on this form. After completion, please return to the student. Thank you.

Students:

Step 1: Have your instructors complete and sign this form within the submission period.

Step 2: Return to the EOPS Counter.

Step 3: Make an appointment to see your counselor.



SUBMISSION PERIOD: October 7th – November 8th 2019



Student Standing:
<input type="checkbox"/> A
<input type="checkbox"/> B
<input type="checkbox"/> C
<input type="checkbox"/> D
<input type="checkbox"/> Failing

Check off any area(s) of concern regarding the student:	
<input type="checkbox"/> Attendance	<input type="checkbox"/> Study Skills
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Written Expression
<input type="checkbox"/> Grades	<input type="checkbox"/> Reading Skill
<input type="checkbox"/> Late Work	<input type="checkbox"/> Language Skill
<input type="checkbox"/> Time Management	<input type="checkbox"/> Comprehension
<input type="checkbox"/> Attitude	<input type="checkbox"/> N/A

Recommended Interventions:
<input type="checkbox"/> Tutoring
<input type="checkbox"/> Office hours
<input type="checkbox"/> Student Success Center
<input type="checkbox"/> Withdrawal from Class
<input type="checkbox"/> Suggestion: _____

<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

INSTRUCTOR SIGNATURE: _____ **Date:** _____

*****OFFICE USE*****

DATE RECEIVED: _____ **STAFF SIGNATURE:** _____

COUNSELOR APPOINTMENT: _____ **CONTACT LOG:** _____ **SPREADSHEET:** _____